STATEMENT OF

FORM 1	ORGANIZ. (See instruction			Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
New Policy PA	с			
ADDRESS (number and s	PO Box 73526			
(Check if address is changed)	Washington		DC L	20056
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAII (Check if address is changed)	_ ADDRESS (Please provide only one e			
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL) http://www.newpolic	cy.org		
 DATE M M M M 0 8 FEC IDENTIFICATION IS THIS STATEM 		C C00469676 AMENDED (A)		
I certify that I have examing Type or Print Name of	ned this Statement and to the best of my kn	owledge and belief it is true, correc	t and complete	
Signature of Treasurer	Electronically Filed by Sama Ad	nan	Date 08	23 Y 2010
NOTE: Submission of fals	se, erroneous, or incomplete information ma	ay subject the person signing this S	·	
Office Use Only		For further informatic Federal Election Common Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)